THOMAS JEFFERSON HEALTH DISTRICT

PO BOX 7546, CHARLOTTESVILLE VA 22906 434 972-6259

Office Address: 1138 Rose Hill Drive, Charlottesville VA

VIRGINIA DEPARTMENT OF HEALTH APPLICATION FOR TEMPORARY RESTAURANT PERMIT TO BE SUBMITTED AT LEAST 10-14 DAYS PRIOR TO EVENT (PLEASE PRINT OR TYPE)

Date of Application:							
Name of Organization or Individual:							
FIN/SSN:							
Mailing Address:							
Representative:							
Telephone numbers: (W)	(H)						
Event Name:							
Event Location:							
Date(s) of Operation:	Time(s)	to					
Type of Food Facility:(Beverage	ge Wagon, Booth, Kitchen, Ter	nt, etc.)					
Vendor Fee* = \$40 (ind	clude with application or inc	lude copy of receipt)					
(Examples of organizations/ground) organizations; and	ups exempt from fee = churche volunteer fire departments and						
Please provide the following information may	ation. Failure to provide the new						
Water Service	Sewage Disposal						
Solid Waste Disposal	Waste Disposal Liquid Waste Disposal						

LIST ALL FOOD AND BEVERAGE ITEMS BELOW. Use separate page for additional information.

Food/Beverage		Source Address		Where prepared		Methods of preparation and serving equipment used	
Example: Hamburgers Tomatoes & onion		Food Distributor Local Market		On site On site		Cooked to 170°F and held in pan on grill. Washed and sliced and held in cooler.	
HAND WASHING METHODS		DIMENTS SERVED	LIST ALL U HOW CLEA DESCR. SA	NED	REFRIGERATION TYPE		LIST ALL COOKING EQUIPMENT Examples =
Example: Soap, water, towels	Prepackaged mustard, catsup, etc.		Tongs, spatula, knife, ice scoop (bleach and water sanitizer)		Reach-in refrigerator, Cooler with ice (thermometer in each)		Electric grill, steam table deep fat fryer, hot plate
Please call us prior application (for exar		•	tems)		ion. Please notify	y us c	of any changes in your
I have read the atta that failure to compl adopted March 200	y may r		erstand them,				ments. I understand r Food Regulations,
Rep	resenta	tive's Signature					Date